

LIMITED DURATION LICENSE APPLICATION

Currently Licensed Activity

LDL _____ (internal only)

EVENT NAME: _____

Business Name: _____ Location: _____ _____ _____	Applicant/Contact Information: Name: _____ Address: _____ _____ _____ Phone Number: _____ Email Address: _____
Currently Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No License Number: _____	By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to the activities identified herein whether caused by negligence of City or otherwise. I affirm, under the penalties for perjury, that the foregoing representations are true.
Type of Operation Activity: (e.g. Taxi, Ticket Broker, etc.) _____ _____ List of employees attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Signature: _____ Date: _____

**DEPARTMENT OF CODE
ENFORCEMENT**

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